## Best Available Conv

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

01895755

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                       |                              |                                        |            | SMALL ENTITY TYPE OR |                        |         | OTHER THAN<br>SMALL ENTITY |                        |
|--------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------|------------------------------|----------------------------------------|------------|----------------------|------------------------|---------|----------------------------|------------------------|
| TOTAL CLAIMS                                                             |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 12                               |                       |                              |                                        | ſ          | RATE                 | FEE                    |         | RATE                       | FEE                    |
| FOR                                                                      |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NUMBER FILED                     |                       | NUMBER EXTRA                 |                                        |            | BASIC FEE            | 355.00                 | OR      | BASIC FEE                  | 710.00                 |
| то                                                                       | TAL CHARGEA                                    | BLE CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 17 minus 20=                     |                       | • Ø                          |                                        |            | X\$ 9=               |                        | OR      | X\$18=                     |                        |
| <b>!</b> I—                                                              | EPENDENT CL                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  | nus 3 =               | ' /                          |                                        |            | X40=                 |                        | OR      | X80=                       | 80                     |
| MU                                                                       | LTIPLE DEPEN                                   | DENT CLAIM PI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | RESENT                           |                       |                              |                                        |            | +135=                |                        | OR      | +270=                      |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                       |                              |                                        | •          | TOTAL                |                        | OR      | TOTAL                      | 790                    |
| CLAIMS AS AMENDED - P                                                    |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                       | PART II Column 2) (Column 3) |                                        |            | SMALL ENTITY OR      |                        |         | OTHER THAN SMALL ENTITY    |                        |
| <b>}</b>                                                                 | (Column 1) CLAIMS                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                                | (Colur<br>HIGH        |                              | (Column 3)                             | F          |                      |                        |         |                            |                        |
| AMENDMENT A                                                              |                                                | REMAINING<br>AFTER<br>AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  | NUM<br>PREVIO         | IBER<br>OUSLY                | PRESENT<br>EXTRA                       |            | RATE                 | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                                          | Total                                          | *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Minus                            | **                    |                              | =                                      |            | X\$ 9=               |                        | OR      | X\$18=                     |                        |
| AME                                                                      | Independent                                    | *<br>NTATION OF MU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Minus                            | ***                   | T CL AINA                    | =                                      |            | X40=                 |                        | OR      | X80=                       |                        |
| <u> </u>                                                                 | FIRST PRESE                                    | NTATION OF MO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | JLIIPLE DE                       | PENDEN                | CLAIM                        |                                        |            | +135=                |                        | OR      | +270=                      |                        |
|                                                                          |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                       |                              |                                        |            |                      |                        |         | TOTAL                      |                        |
|                                                                          |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | A                                | ADDIT. FEE            |                              | OR                                     | ADDIT. FEE | L                    |                        |         |                            |                        |
| <u> </u>                                                                 | (Column 1) (Column 2) (Column 3)               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                       |                              |                                        |            |                      |                        | _       |                            |                        |
| AMENDMENT B                                                              | •                                              | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | •                                | PREVI                 | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                       |            | RATE                 | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                                          | Total                                          | * .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Minus                            | **                    |                              | =                                      |            | X\$ 9=               |                        | OR      | X\$18=                     |                        |
| AME                                                                      | Independent                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Minus                            | ***                   |                              | =                                      | ľ          | X40=                 |                        | OR      | X80=                       |                        |
|                                                                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                       |                              |                                        |            | +135=                |                        | OR      | +270=                      |                        |
|                                                                          |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                       |                              |                                        |            | TOTAL<br>ADDIT. FEE  |                        | OR      | TOTAL<br>ADDIT. FEE        |                        |
| 1                                                                        | (Column 1) (Column 2) (Column 3)               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                       |                              |                                        |            |                      |                        |         |                            |                        |
| AMENDMENT C                                                              |                                                | CLAIMS REMAINING AFTER AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  | HIGH<br>NUM<br>PREVI  | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                       |            | RATE                 | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |
| NO N                                                                     | Total                                          | *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Minus                            | **                    |                              | =                                      |            | X\$ 9=               |                        | OR      | X\$18=                     |                        |
| AME!                                                                     | Independent                                    | *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Minus                            | ***                   |                              | =                                      | ŀ          | X40=                 |                        | OR      | X80=                       |                        |
|                                                                          | FIRST PRESE                                    | NTATION OF M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ULTIPLE DE                       | PENDEN                | T CLAIM                      |                                        | ŀ          |                      |                        |         |                            | <del> </del>           |
|                                                                          | If the entry in sets                           | mn 1 is less than t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ha antre in cal                  | umn 2 weit            | a "O" in co                  | dumo 3                                 | Į          | +135=                |                        | OR      | +270=                      |                        |
| ::.                                                                      | If the "Highest Nu<br>If the "Highest Nu       | mber Previously Particusty Property Previously Previous | aid For" IN TH<br>aid For" IN TH | IS SPACE<br>IIS SPACE | is less that<br>is less that | an 20, enter "20."<br>an 3, enter "3." |            | TOTAL<br>ADDIT. FEE  |                        | OR      | TOTAL<br>ADDIT. FEE        |                        |
|                                                                          |                                                | nber Previously Pa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  |                       |                              |                                        | r fou      | nd in the app        | propriate bo           | x in co | lumn 1.                    |                        |